

PHYSICAL DESIGN REPORT – LONG-TERM CARE FACILITIES

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

Phone: (517) 241-3344 – Fax: (517) 241-2962

<p>AUTHORITY: PA 368 of 1978, as amended</p> <p>COMPLETION: Is Voluntary, but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.</p>	<p>The Department of Health & Human Services is an equal opportunity employer, services and programs provider.</p>
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1. Provide a concise description of the physical construction and its elements as they relate to this project.

2. Provide the net and gross square feet in the proposed single and double-bed patient rooms.

	No. of Rooms	Gross Sq. Ft.	Net Sq. Ft.
1-Bed Rooms			
2-Bed Rooms			
3-Bed Rooms			
4-Bed Rooms			
Other:			

3. Indicate current number of beds by category and proposed numbers.

Type of Care	New Construction	Major Remodeling	Existing/Unchanged
MR			
MI			